

JUN 21 2005

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04/08/2005

Dean A. Craine, P.S.
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DEAN A. CRAINE	(Depositor's name)
	(Signature)
JUNE 20, 2005	(Date)

06/22/2005 FFANAI3 00000074 10662246

01 FC:2501 700.00 OP
 02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/662,246	09/15/2003	Suzanne Cruse	CRUS 101	2394

TITLE OF INVENTION: KIT AND METHOD FOR MIGRAINE HEADACHE TREATMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/08/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
TATE, CHRISTOPHER ROBIN	1654	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 DEAN A. CRAINE

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

JUNE 20, 2005

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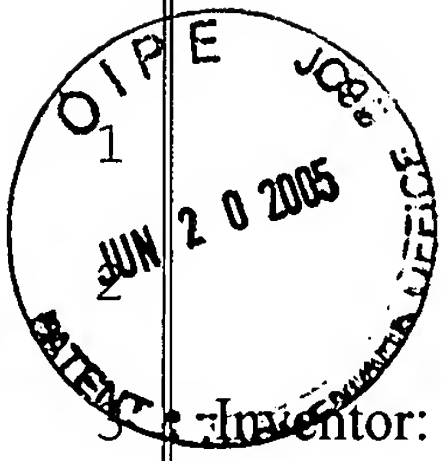
DEAN A. CRAINE

Registration No.

33,591

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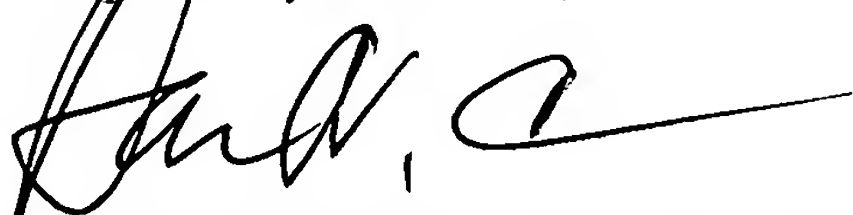
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

3 Inventor: SUZANNE CRUSE Confirmation No. 2394
4 Serial No: 10/662,246
5 Filing Date: SEPTEMBER 15, 2003
6 Title: KIT AND METHOD FOR MIGRAINE HEADACHE TREATMENT
7 Examiner: CHRISTOPHER ROBIN TATE
8 Group Art Unit: 1654
9 Attorney File No: CRUS 101
10 Date: JUNE 20, 2005
11 Mail Stop: ISSUE FEE
12 COMMISSIONER FOR PATENTS
13 P.O. Box 1450
14 Alexandria, VA 22313-1450

ISSUE FEE TRANSMITTAL

15 Receipt of the NOTICE OF ALLOWABILITY, mailed on April 8, 2005, is hereby
16 acknowledged and appreciated. Enclosed is a completed Fee Transmittal Form (PTOL-85B)
17 and a check (No. 5234) made out for the amount of \$1,000.00 A duplicate copy of this
18 transmittal letter is also submitted. Also enclosed are formal drawing sheets (in triplicate)
19 along with a separate transmittal letter. A "Fee Address" Indication Form is also enclosed.

20
21 Respectfully submitted,

22 

23 DEAN A. CRAINE, Reg. No. 33,591